Impact of Military Sexual Trauma on PTSD and Relationship Quality

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I. Introduction

- 25% of women Veterans report military sexual trauma (MST)
- MST includes contact (e.g., rape) and non-contact (e.g., harassment) assault
- MST is highly correlated with posttraumatic stress disorder (PTSD)
  - PTSD symptoms include nightmares, family problems, insomnia, irritability, depression, and hypervigilence
- MST is more likely to cause PTSD than deadly combat experiences
- PTSD severity is negatively associated with relationship quality
  - Problematic as relationship quality is a protective factor against PTSD-related dysfunction
- Physical touch and intimacy are integral in romantic relationships
  - However, touch apprehension following sexual trauma has not been studied in those with MST
- To promote well-being and buffer against distress, we need to understand how touch apprehension and MST relate to relationship quality in partnered women Veterans

Goal:
- Determine if relationship quality differs based on contact or non-contact MST assault
- Examine the association of MST and touch apprehension with relationship quality above other distress risk factors

II. Methods/Participants

Procedure
- Women service members recruited from social media
- Anonymous questionnaires assessing PTSD, touch apprehension, relationship quality and MST completed online

Table 1. Demographic breakdown of 389 partnered women Veterans with a history of MST

<table>
<thead>
<tr>
<th>Age</th>
<th>Time Partnered (Years)</th>
</tr>
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<tbody>
<tr>
<td>Mean</td>
<td>31.9</td>
</tr>
<tr>
<td>SD</td>
<td>8.86</td>
</tr>
</tbody>
</table>

- Education
- Race
- Income
- MST Type (contact vs. non-contact)

III. Results

Table 2. Bivariate associations of relationship quality, touch apprehension, and PTSD Severity with dichotomous demographic variables

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Relationship Quality</th>
<th>Touch Apprehension</th>
<th>PTSD Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>(β=0.10)</td>
<td>(β=0.11)</td>
<td>(β=0.08)</td>
</tr>
<tr>
<td>Race</td>
<td>(β=0.08)</td>
<td>(β=0.09)</td>
<td>(β=0.07)</td>
</tr>
<tr>
<td>Income</td>
<td>(β=0.06)</td>
<td>(β=0.07)</td>
<td>(β=0.05)</td>
</tr>
<tr>
<td>MST Type</td>
<td>(β=0.10)</td>
<td>(β=0.11)</td>
<td>(β=0.08)</td>
</tr>
</tbody>
</table>

- Contact MST (touching, cornering, rape)
- Non-contact MST (verbal, etc)

IV. Conclusions

- More severe PTSD symptoms predict poorer relationship quality above other risk factors
- Touch apprehension can be a useful supplemental tool in assessing relationship quality but not as an independent predictor
- Distinguishing between type of MST (e.g. contact vs non-contact) can be helpful in understanding relationship quality following sexual assault
- Potential interventions to decrease touch apprehension may increase quality of life following MST
- Couples Therapy or Couples Sex Therapy may be of particular use